PTO/SB/17 (10-08)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Complete if Known					
				Application Number 10/		10/563,425-C	10/563,425-Conf. #6373		
				Filing Date June		June 1, 2006	ıne 1, 2006		
For FY 2009			First Named Inv	ventor	Susumu YAMAGUCHI				
101112009				Examiner Name		C. A. Paden			
Applicant claims small entity status. See 37 CFR 1.27				71101111		1794			
TOTAL AMOUNT OF PAYI	Attorney Docket No. 4600-0117PUS1								
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity								
Application Type	Fee (\$)		Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)	
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0	***************************************		
2. EXCESS CLAIM FEES	i						***************************************	Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent clain	ıs						390	195	
	otal Claims			e Paid (\$) <u>Multiple Deper</u>			<u>lent Claims</u>	<u>i</u>	
25 or 20 = _		= -			<u>Fe</u>	e (\$)	Fee Paid (\$	1	
HP = highest number of total of			F	- D-:-! (A)					
Indep. Claims E	Extra Claims x	Fee (\$) =	ree	e Paid (\$)					
HP = highest number of indep		for, if greater than 3.							
3. APPLICATION SIZE F	EE								
If the specification and of listings under 37 CFI	drawings exceed R 1.52(e)), the a	pplication size f	ee due	is \$270 (\$135 fo)	
sheets or fraction the			•	` ,		(4)			
	Extra Sheets			ditional 50 or frac			<u> </u>	Paid (\$)	
- 100 = /50 = (round up to a whole number) x 4. OTHER FEE(S)							Fees Paid (\$)		
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1806 Information Disclosure Statement								180.00	
SUBMITTED BY									
Signature	1. 04	7,604		Registration No. Attorney/Agent)	28,977	Telephone	(703) 205-8000		
Name (Print/Type) Secato M. Murphy, Jr. Date							January 29, 2010		
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